Notification of a new boundary backflow prevention device

1. Backflow Owner and Installer Details

Property address of backflow installation:

________________________________________________________________________

On-site contact name and phone number for backflow device (if applicable):

________________________________________________________________________

Backflow installer name and phone number:

________________________________________________________________________

2. Location

Please provide:

• a sketch showing: water main, service pipe, manifold, water meter, backflow device, property boundaries, roads and any other relevant information (buildings, fences, structures etc.); and
• a photo of the backflow device installation.

3. Required Backflow Device Information

Manufacturer: ________________________________________________________________

Model: _____________________________________________________________________

Serial number: ______________________________________________________________

Size: _____________________________________________________________________

Water meter number: _________________________________________________________

Date of installation: _________________________________________________________

Yes ☐ No ☐ Device meets AS/NZS 2845.1 2012

Yes ☐ No ☐ Installation meets Clause G12 of Building Code

Yes ☐ No ☐ Initial test of device carried out by IQP following installation

Please sign and email the completed form to backflow@dcc.govt.nz, or post to: PO Box 5045, Moray Place, Dunedin 9058: Attention Water Bylaw Compliance Officer, Water and Waste Services.

Name: __________________________ Signature: _________________________________ Date: __________

OFFICE USE ONLY

Asset Information

Property key: __________________________ Backflow ID: _________________________

Water assessment no: __________________ Asset created: _________________________

Compkey: ___________________________ User: _________________________________